

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 03/24/03.

### **I. DISPUTE**

Whether reimbursement in the amount of \$140.00 is recommended for the CPT code 97110 for the date of service 05/06/02. The carrier denied services as "F-If Reduction. Then process according to the Texas Fee Guidelines".

### **II. FINDINGS**

The requestor submitted a letter of withdrawal dated 04/01/03 for CPT code E0745 for the date of service 05/06/02.

### **III. RATIONALE**

MFG MGR (I)(A)(10) CPT descriptor:

Recent review of disputes involving one on one CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, no reimbursement is recommended.

### **IV. FINDINGS & DECISION**

The above Findings and Decision are hereby issued this 18th day of March 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb